


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000095496 1. Entity Name FORBIDDEN FEAR, INC.	
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Principal Place of Business 2603 NW 13TH STREET #177 PMB 375 GAINESVILLE, FL 32069	Mailing Address 2603 NW 13TH STREET #177 PMB 375 GAINESVILLE, FL 32069
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DO NOT WRITE IN THIS SPACE



01292004 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0480637	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**WEBSTER, DANIEL J
149 S. RIDGEWOOD AVENUE
SUITE 500
DAYTONA BEACH, FL 32114**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHOENIX, SUMMER 2603 NW 13TH STREET #177 PMB 375 GAINESVILLE, FL 32069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHOENIX, ARLYN 2603 NW 13TH STREET #177 PMB 375 GAINESVILLE, FL 32069
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02/02/04-80072-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Arlyn Phoenix ARLYN PHOENIX **1-30-04 352466-0224**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #